THE GAMBIA CIVIL AVIATION AUTHORITY
BANJUL INTERNATIONAL AIRPORT
P.O. BOX 285
BANJUL, THE GAMBIA

APPLICATION FOR AN AIR TRANPORT LICENCE

1. NAME OF OPERATOR:……

2. ADDRESS & CONTACT DETAILS:……..

   ……

   ……

3. TYPE OF AIRCRAFT:……

4. REGISTRATION MARK(S):…….……

5. FLIGHT ITINERARY:…….……..

6. PERIOD FOR WHICH LICENCE IS REQUIRED:

   FROM:…….…… **TO**:……

7. NAME, ADDRESS AND CONTACT DETAILS OF LOCAL REPRESENTATIVE:……

   ……

   ……

8. NAME, ADDRESS & CONTACT DETAILS OF CHARTERER:……

   ……

   ……

9. SERVICE DESCRIPTION & PURPOSE:……

   ……

   ……

   ……

   ……

10. CAPACITY:
    a. SEATS:……
    b. CARGO:……
    c. RATES TO BE CHARGED:……

……

Name **Title** **Signature** **Date**

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